

Better Homes and Centers



DEPARTMENT OF
CONSUMER & INDUSTRY SERVICES
Division of Child Day Care Licensing

INFANTS AND TODDLERS: PART II - ENVIRONMENT

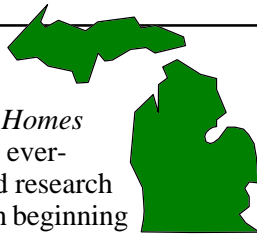
Issue 47 Fall, 1998

Dear Reader,

This publication provides topical information regarding young children who are cared for in licensed child care settings. We encourage child care providers to make this publication available to the parents of the children in care or to provide them with the web address so they may receive their own copy. Issue 43 and beyond are available on the internet.

DIRECTORS CORNER

In the Fall 1997 issue of *Better Homes and Centers*, I wrote about the ever-growing body of knowledge and research on brain development of children beginning at birth. All of us in the early childhood education arena are aware that education begins the moment a child is born. As child care providers, our programs must support that fact.



Child care providers play a significant role in the development of children. There are continuing opportunities during routine care of infants and toddlers to stimulate development. If we seize these opportunities, think of the positive impact we will have on children reaching their full potential.

Infants and toddlers need nurturing, warm and loving adults to care for them. Infants cannot use words to communicate their needs and wants, but they send many signals. The sounds they make, the way they move, their facial expressions and eye contact provide us with clues. Caregivers need to respond with warmth and sensitivity. Some things can be done at the same time their physical needs are being met. For example, smile and talk to the child when changing a diaper. Talk while feeding the child. Sing when rocking to get the child to sleep. Snuggle and hug the child when getting him from the high chair or crib.

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Family Independence Agency
Child Care Services

Sometimes we get so busy meeting the child's physical needs that we miss opportunities to provide for his developmental needs. Everything a child does shapes his brain development. Research shows that children's relationships with people early in life influence emotional and social development of the brain. Child care providers **do** influence a child's development. You can make a difference!

What you can do: Take advantage of training that addresses an infant/toddler's needs and development.

Possible Sources of Training: 4C, MSU Extension, local hospitals, local community colleges, conferences such as MAEYC and the Family Day Care Home Conference, (may have sessions on infant/toddler development), a lending library at each CIS Day Care Licensing Office includes videos on infants and toddlers.

Sincerely,

Ted deWolf, Director
Division of Child Day Care Licensing

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INFANT/TODDER ENVIRONMENT

Judy Gaspar, Licensing Consultant
Kalamazoo County

Preparing an environment for infant and toddler care can be challenging. How does one design space to be safe, comfortable, and inviting? Let's look at four cornerstones for the children:

- Safety
- Comfort
- Stimulation
- Staffing

Safety

A safe environment requires a knowledge of safe settings and safe products. Be sure to provide the following:

- A ground floor location to afford safe evacuation
- Walls and surfaces that are easily cleanable
- Equipment that meets the U.S. Consumer Product Safety Commission codes (see Resources for the address)
- Cribs that have slats no more than 2 3/8 inches apart
- Mattresses that fit tightly (no more than two adult finger widths from mattress to crib)
- Playpens (used in homes) with 2 inch, tight fitting pads.
- Open shelving that is low and cannot tip
- A diapering area that is separate from the food area
- A hand-washing sink that is used only for diapering and hand-washing
- Equipment and surfaces that are routinely sanitized
- Adjacent outside play area that is fenced and shady
- Developmentally appropriate outdoor equipment
- Direct supervision at all times

Comfort

Take into account the comfort of children and caregivers. Include the following:

- Floors partly carpeted for crawling and rolling
- Foam rubber mats and play surfaces for physical development

- Comfortable room temperature at the child's level
- Clean air vents
- Lighting which includes natural light
- Quiet sleeping area
- Comfortable, adult-sized chairs for caregivers
- A predictable, but flexible schedule
- A crib or cot and individual bedding for each child

Stimulation

Supply the room or area with appropriate stimulation and materials for optimum learning:

- Pictures at child (not adult) level
- Soothing background music
- A quiet area for quiet play
- A variety of developmentally appropriate toys
- Developmentally appropriate activities
- Sturdy picture books
- Group size is limited to six for infants and eight for toddlers.*

Staffing

Optimum staffing will include the following:

- A ratio of 1:3 for infants and 1:4 for toddlers.*
- A primary caregiver for each child
- Caregivers who:
 - Praise and redirect
 - Play with children
 - Talk to children
 - Sing to children
 - Read to children
 - Are responsive to children



An environment planned around the developmental needs of the children will be safe, comfortable, and stimulating. It will be a flexible space that changes and grows with them.

** These are recommendations of the American Public Health Association/American Academy of Pediatrics and the National Association for the Education of Young Children. Michigan licensing rules have no group size requirements. The ratio in Michigan is 1:4 for infants and toddlers. ♦*

INTEREST AREAS FOR INFANT/TODDLER LEARNING

[Equipment and activities should be screened for age appropriateness based on the age of infant or toddler]

Interest Areas should be planned daily. Some areas can be combined on occasion. Example: 1 & 12; 2 & 8.
Other areas can be alternated on different days. Example: 9 on Monday; 10 on Tuesday; 12 on Wednesday.

INTEREST AREA	CAREGIVER/CHILD ACTIVITIES	EQUIPMENT	VALUE
1. Safe, Comfortable, Quiet Area	Smile, sing, talk, read to child; rub, rock, bounce child; encourage child to explore sights, sounds in the area. Offer rattles, encourage child to shake rattle and transfer to and from each hand.	Rocking/easy chair, mattress/mat on floor; soft music, mirrors, teething, pictures on wall, cuddly toys, thick cardboard/vinyl books; infant activity gyms, activity quilts, infant seats, soft blocks, puppets, rattles, mobiles.	One-on-one interaction attachment; self-esteem; self-awareness; grasping, reaching; eye-hand coordination skills; language development.
2. Small Motor Area	Child reaches for, manipulates, and moves toys; takes toys apart and attempts to put them back together; empties and fills containers; has beginning construction experiences.	Infants—Empty-fill toys, busy boxes, rattles, pop-ups; infant activity gyms. Toddlers—Low shelves of manipulation toys; soft large blocks, large legos, take-apart toys; small stacking containers, 3 piece puzzles, small blocks, people, cars/trucks, animals; low tables and chairs.	Small muscle experiences; cause-effect relationships; construction; problem-solving; concentration; eye-hand coordination.
3. Social Roles; Dramatic Play (Toddlers)	Child role-plays relationships and the family, neighborhood, work world.	Playhouse and accessories; clothing, dishes, appliances, beds, vehicles, empty food containers, role-playing kits, photographs; play units with farm animals and barn, garage with people and vehicles.	Role-playing; clarifying relationships; pretending; identifying objects; caring for self; physical movement; social development.
4. Snack Tables	Encourage child to try assorted foods; experience different tastes; encourage child to talk about the qualities of the food by labeling foods, talking about texture, color.	Low tables and chairs, high chairs, assorted finger foods (crackers, vegetables, fruits, cheese, pudding, gelatin).	Nutrition basics; explorations in taste; encourages self-feeding; texture, temperature, language and social development; one-to-one interaction.
5. Sleeping Area	Use only for sleeping and slow-waking quiet times; respond quickly when child wants to come out.	Mats; cots, cribs, beds; relaxing music; mobiles, kick toys suspended in crib.	Quiet, privacy; physical and cognitive rest needed for growth.
6. Diaper-Toilet Area	Snuggle infant; play simple games; play music; sing; talk about what you are doing as you do it. Help toddler with dressing process; talk about what you are doing as you do it.	Changing table, sink, toilets, training seats; mobiles, music boxes, colorful wall pictures.	One-to-one interaction; social and language development. Self control; self-dressing.
7. Fresh Air/Outdoors	Take infants/toddlers on walks; help them learn to push and climb; point out the world around them; allow them to sit and crawl to explore the environment.	Outdoors, playground area; push vehicles, climbers, running space, walkways; sand box; grass; strollers, infant front and back packs.	Large motor activities; fresh air to reduce communicable disease exposure and moisture for respiratory track; change of scene.
8. Construction and Sorting Area (Older infants & toddlers)	Physical mastery and discrimination; model reproduction; shape and object sorting; eye-hand coordination; construction; cognitive problem solving.	Shelves with rubber people and animals, form boards, shape boxes, nesting blocks, stacking toys, blocks, large piece puzzles, large duplo bricks, small vehicles.	Child stacks blocks; sorts toys, vehicles and animals; fits shapes into box; explores objects and engages in imaginative play.

INTEREST AREA	CAREGIVER/CHILD ACTIVITIES	EQUIPMENT	VALUE
9. Sensory Experience Area (Older infants and toddlers)	Child uses senses and muscles to experiment with different states and changes in the media, and arrangements; talks about the textures and objects involved. Encourage the child to feel, touch, look at, smell the different sizes, shapes, colors and to be aware of the sounds. Allow the child to explore independently.	Tubs or water table; sand, water, aprons, play dough and clay; sifters, spoons, soap-suds, snow, non-toxic shaving cream, canned pudding, pans, cups, turn wheels, animals, vehicles, rollers, shape-cutters. Objects of assorted sounds, colors, and textures; objects of different shapes, details, and sizes; sets of simple like objects; objects with pleasant odors; objects with different sounds.	Tactile experiences; stimulation of the senses (touch, smell, sight); differentiation; classification; sorting; measuring; sensory exploration; relaxed sociability; eye-hand coordination.
10. Creative Art Area (Older infants and toddlers)	Child freely tries materials for the process of creating and experimenting.	Easel, low table, art materials, crayons, paints, soap, paste, collage, cut-outs, washable markers, stamps, paper.	Exploration; self-expression; creativity; tactile stimulation; problem solving; experimentation; muscle control.
11. Large Motor Area	Help infant do exercises on tummy, back; help with sitting, kicking, crawling, pulling up, standing, walking; play with infant; encourage exploration. "Spot" and assist as child practices gross motor skills with peers; guides child to wait as other children use equipment; experiences, tries new things; pretends with the child.	Infants - Mat, large ball, roll, soft hassock, crawl-through structure. Toddlers - Padded/carpeted floor space, low-climber, slide, rocking boat/steps, balance board, bus, obstacle course, tunnel, push-pull toys.	Exploration and physical control; balance; physical coordination and movement. Large muscle experiences; practice climbing; developing balance; being noisy; exploring; cognitive concepts of in, on, over, through.
12. Language and Book Corner	Read simple books; use words to label objects in photos; point out details; use simple flannel board stories; make-up stories; sorting games with flannel board.	Pillowed area in quiet corner; books, photos, interesting pillows [no bean bag pillows], story tapes, flannel boards.	Language development; labeling; verbal interaction; listening; comprehension
13. Curiosity and Science Area (Older infants and toddlers)	Label objects and encourage exploration as child examines, touches, and sees natural objects; encourage child to ask questions and discuss what is seen, touched, heard.	Window space; tanks with fish or other critters; baskets of natural objects; photos, books, color viewers, magnets, foods, plants, bones, visiting animals.	Observing; exploring; touching; wondering; thinking; language development.
14. Interaction Games (Throughout room)	Play peek-a-boo, pat-a-cake, hide-the-toy, reach-the-toy, copy-me, what's missing; sing; finger and body plays.	Peek-a-boo objects; shelved toys and game materials in boxes; fingerplay books for staff.	Imitation; object permanence; verbal interactions; body and hand coordination; adult participated games.
15. Parent-Visitor Resource Area	Display notices, interesting readings, referenced resources.	Chairs, bulletin board, books, articles.	Parent/caregiver communication; information shared about children; exchange; observation.
Compiled by Patricia A. Hogg and Jacqueline Wood.			
Bibliography: Cataldo, Christine A "Activity Organization To Enrich Infant-Toddler Programs." Day Care and Education, Summer 1978. Lally, J. Ronald et al. Caring for Infants and Toddlers in Groups: Developmentally Appropriate Practice, Zero to Three National Center, 1995. Houle, Georgia Bradley. Learning Centers for Young Children, Consortium Publishing, RI, 1984.			

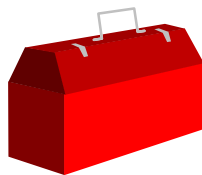
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ACTIVITIES FOR INFANTS AND TODDLERS

Elaine Williams, Michigan State University and
Dan Hodgins, Mott Community College

Imitation

Babies and wash cloths
Dishes
Scarves
Pots and pans
Hair brush and stuffed animals
Lunch boxes, purses
Adult shoes



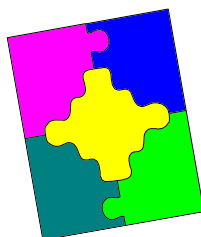
Looking

Wrapping paper
Mobiles
Collages
Pictures
Bubbles
Face pictures
Flashlight
Mylar balloons
Rattles/squeak toys



Matching

Objects
Color
Shape
Design
Puzzles
What's missing pictures
Alike and different



Cause and Effect

Balloon on arm/leg
Roly-poly toys to swat
Pull toys
Jack-in-box
Top
Clear plastic jar and cotton balls
Screw on lids
Jumping jacks
Manipulative toys
Zippers
Funnels and sand

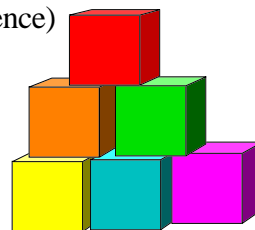


Targeting

Drop buckets/plunk cans
Ball in tube
Spindle and rings
Cube in bucket
Ping pong ball in can or milk bottle
Poker chips in muffin tins
Nesting cups/measuring cups
Clothes pins in bottle
Shape sorter
Foam sorter
Pegs and peg boards
Pop beads, star builders/bristle blocks
Pegs in egg cartons, styrofoam blocks
Lacing shapes
Sticker lotto
Bead stringing, on IV tube, on straw
1 inch cubes-hold, switch hands, tapping
Hiding blocks (object permanence)

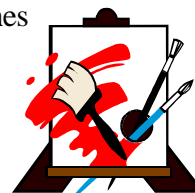
Large Motor

Cardboard bricks
Balls-all sizes
Carpet strip
Tape lines on floor for a balance beam or lay a 4x6
or 2x4 on the floor
Laundry basket on wheels
Push/pull toys
Rocking horse
Rocking boat
Boxes to climb in and out of



Art Ideas

Roller ball painting
Collage on contact paper
Water base markers on mirrors
Fat crayons
Peanut butter play dough
Waterplay-pouring, dumping, painting with water
Brush painting-paint brushes, pastry
Brushes, tooth brushes



INFANT AND TODDLER EQUIPMENT: PLANNING FOR PLAY EQUIPMENT

Melody Finley, Yolanda Sims, Tina Marks, Pat Fox, Regina McKinney, Thomasa Bond
Wayne County Licensing Consultants

Infant Manipulative Toys

Shape-sorting box
Pop-up toys
Nesting boxes
Large, soft blocks
Stacking post and rings

Toddler Manipulative Toy

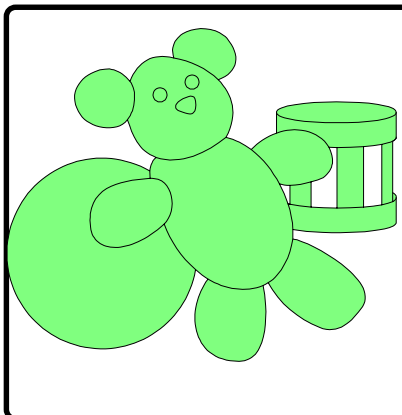
Shape-sorting box
Simple puzzles
Large legos
Pop-up toys
Plastic pop beads
Stacking post and rings

Toddler Creative Art

Easels
Paper
Brushes
Chalk, crayons, markers, paint
Smocks
Play dough
Old tablecloth or plastic floor covering

Infant Gross Motor

Small balls of various sizes
Riding toys without pedals
Large cardboard boxes
Push toys
Crawl through structure



Toddler Social Development

Repeating words
Naming objects
Singing
Naming pictures in a book
Making books with staff

Infant Sensory Stimulation

Mirrors (unbreakable)
Peek-a-boo toys
Rattles
Squeeze toys
Water table or plastic tubs (plastic containers for water play)

Toddler Gross Motor

Toddler stairs
Large foam blocks
Toddler barrel
Low climber
Slide
Rocking boat/steps
Tumbling mats
Push and Pull toys

Toddler Language/Books

Story tapes
Flannel board
Cloth or cardboard books
Large pillows, carpet, easy chair
Tape recorder/CD player and tapes/CD's
Cloth or rubber puppets with no removable parts

Infant Creative Art

Paper
Large nontoxic crayons
Finger paint and shallow tray
Smocks
Play dough

Toddler Block and Dramatic Play

Dolls (soft, washable and multi-ethnic)
Doll bed, blankets, high chair
Dress up clothes
Animal/people props
Large, soft blocks
Empty food containers

Toddler Outdoor Play

Balls
Wagons and riding toys
Small climbers
Sand box
Water table or plastic tub for water play and accessories such as pots and pans
Running space

Infant Outdoor Play

Balls
Wagons and riding toys
Small climbers
Water table or plastic tub for water/sand play

BABY WALKERS

Judy Gaspar, Licensing Consultant
Kalamazoo County
Reprinted from *Better Homes and Centers*,
Issue 40

What hidden hazard lurks in the lives of 50 to 80 percent of infants under 15 months of age?

What piece of infant equipment causes up to 30,000 visits to the emergency room each year?

What piece of infant equipment actually delays a baby's crawling and sitting skills?

If you guessed that the innocent looking baby walker is this hidden hazard, you were correct. This piece of equipment is used by most babies in their first year of life.



Between 20,000 and 30,000 infants are injured in an infant walker each year in this country. These injuries include head injuries and scalding from hot liquids.

We all have seen the commercial on television in which the baby zooms all around the room in a walker. A baby in a walker travels at a speed of 3 feet per second. This speed out-distances a caregiver or parent's reaction time.

Babies in walkers do not walk earlier. They are often delayed in crawling and sitting, and get tight heel and leg muscles from walking on their toes. Instead of walkers, it is recommended that parents use infant seats, swings and playpens.

Because of the hazards involved, three organizations, The National Safe Kids Campaign, The Consumer Federation of America, and the American Academy of Pediatrics, have petitioned the United States Consumer Product Safety Commission to halt the sale of infant walkers. The issue is being considered.

If you feel that you must use an infant walker in your setting, do the following:

- **Block off the stairs.** Most injuries that happen to infants in walkers happen when they fall down the stairs. This often occurs because of a poorly fastened gate or because of a partially opened gate. Only properly installed and used gates are effective in preventing a baby from falling down the stairs.
- **Keep hot liquids out of the reach of babies.**

Because their reach is farther, they are susceptible to burns and scalding. These injuries from scalding are severe and usually occur to the face and hands.

- **Keep a constant watch on an infant in a walker.** An infant cannot help himself be safe and is vulnerable to the hidden hazards of infant walkers.

Better yet, put the infant down on the padded floor and supervise him. ♦

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LICENSING SAYS: GET THOSE KIDS OUTSIDE!

Diane Gillham, Licensing Consultant
Traverse City

Neither snow nor rain nor dark of night! Whoops, that's the post office!

Licensing rules for child day care homes and centers require daily outdoor play for enrolled children. Providers often call their licensing consultant with concerns about a parent who doesn't want their child to spend time outdoors, especially during the winter. With few exceptions, children need daily outdoor play.

Nearly all children love spending time outdoors. There's something about the fresh air, open spaces, that big sky, the plants, wildlife and outdoor sounds that beckon a child to "be a child"! The outdoor environment seems to encourage children to romp, explore and discover more about themselves and the world around them.

Providers must use their own good judgment in determining if the weather is favorable for outdoor play and for how long. During the winter, the wind-chill factor must be considered with the temperature and weather conditions, i.e. light snow, sleet, or blizzard, in deciding if children will play outside. In the summertime, dangerous heat and humidity, along with availability of shade and cooling breezes will affect decisions regarding outdoor play.



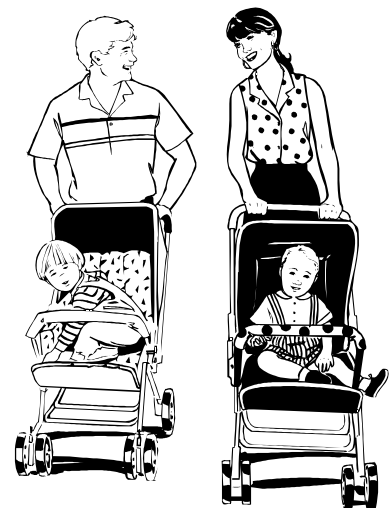
A child's age and health will also impact on decisions for outdoor time. An older, healthy child may spend a longer period of time outdoors than an infant or a child with a health problem. However, unless a parent provides a written doctor's order for a child to be kept

inside, all children, regardless of their age, should be taken outside for some period of time during the day. Recent studies have found that children who go out-

side, even during cold weather, tend to have fewer incidences of respiratory illness. Time spent in the outdoors actually seems to help children stay well!

In any type of weather providers must assure that children are dressed appropriately for the weather conditions. Some parents,

reluctant to have their children spend time outdoors during the winter, may sabotage your efforts for outdoor play by failing to provide the appropriate clothing. Providers can meet this challenge by having a supply of used winter hats, mittens, snow pants and boots available for children to "borrow".



To enhance children's enjoyment of their outdoor experience, providers may want to make a variety of activities available on different days. An occasional "walking field trip" to discover neighborhood treasures



can broaden the children's world beyond your own backyard. The amount of time spent outdoors may also vary from day to day, depending on ages of children in care and weather conditions. Younger, less mobile children may spend shorter periods of time outdoors, especially on colder or hotter days.

Many factors related to outdoor play need to be considered by the caregiver. In the long run, children will be happier, healthier, rest better and have fewer incidences of disagreements when they have the opportunity to experience a part of their day in the Great Outdoors! ❖

SEPARATE PLAYGROUNDS FOR INFANTS AND TODDLERS

Carol Tresik, Executive Director
The Learning Tree Child Care Center
Wayne County

Reprinted from *Better Homes and Centers*
Issue 39

As more children are spending ten and eleven hours a day in child care, outdoor play has taken on a more vital role in their daily programs. Child care professionals strive to provide quality room environments that are safe, exciting, challenging, and most importantly age appropriate. Yet when it comes to planning outdoor space, we often overlook many of these things. For example, we would never put a 15 month old toddler in a classroom of five year olds, but we expect children of all ages to share one outdoor space.

Too often when planning outdoor environments, we look at the initial cost and not the long term benefits. Planning separate outdoor areas for infant and toddlers may cost more at first, but will result in better outcomes for children as well as for staff. Some of the reasons we decided to plan separate outdoor areas follow.

First, separate areas provide for developmentally appropriate activities. Infants need a chance to explore their environment through touch. They should feel free



to roam on the warm grass, wiggle their toes in the mud on a rainy day, smell the flowers and listen to leaves rustle. Older children need the freedom to run, jump and climb without the fear of stepping on little

ones. And we all know toddlers dump and pour — over and over again. If the sand box is full of four, five and six years olds, your toddlers may just have to find somewhere else to dig — usually a planted flower bed.

Second, having equipment that is age appropriate is a necessity. If all your equipment is too high, too big or just plain overwhelming, little ones won't feel confident to take risks. Those who are on the more adventurous side and decide to take a risk despite the odds make chances for injuries a sure thing! While risks add fun to the play experience and challenge the child to try new skills, it must be healthy risk taking. If the equipment is too small for the older children, chances are they will ignore the obvious and play on it anyway. Injuries may result, if not to the children, it may be to your equipment.



Equipment and materials need not be costly. When planning outdoor space, view it as a classroom. In fact, indoor equipment can be taken outside for double duty. Also, looking at the same piece of equipment in different ways can make it appropriate for different ages. Old truck tires laying flat are sandboxes for toddlers. When they are upright, they become a climber for preschoolers.

Finally, separate playgrounds can lower your staff's stress level. Infant caregivers can put their babies on a blanket, read stories and sing songs without being drowned out by a lively game of kickball. They are also less stressed if they are not constantly having to tell children what they can and cannot play on.

Quality programs extend beyond the walls of the child care building. Providing separate outdoor play areas meets the needs of the children entrusted to us. With their outdoor play time limited, shouldn't it be the best we can provide? ❖

INFORMATION FROM FIA

AGENCY MAXIMUM HOURLY RATE EFFECTIVE 10/12/1997

Provider Type	Day Care Center		Family, Group, and Relative Homes		Day Care Aides
Shelter Area	Child's Age		Child's Age		All Ages
	0-2 1/2 Yr.	2 1/2 Yr. +	0-2 1/2 Yr.	2 1/2 Yr. +	
I	\$ 2.25	\$ 1.90	\$ 2.00	\$ 2.00	\$ 1.35
II	\$ 2.60	\$ 2.25	\$ 2.00	\$ 2.00	\$ 1.35
III	\$ 2.50	\$ 2.00	\$ 2.00	\$ 2.00	\$ 1.35
IV	\$ 2.85	\$ 2.25	\$ 2.00	\$ 2.00	\$ 1.60
V	\$ 3.00	\$ 2.25	\$ 2.25	\$ 2.10	\$ 1.60
VI	\$ 2.95	\$ 2.50	\$ 2.50	\$ 2.50	\$ 1.60

Shelter

Area I

Alger
Baraga
Gogebic
Huron
Iron
Keweenaw
Luce
Mecosta
Menominee
Presque Isle
Schoolcraft

Shelter

Area II

Arenac
Chippewa
Delta
Houghton
Iosco
Lake
Manistee
Oceana
Ontonagon
Osceola
Oscoda

Shelter

Area III

Alcona
Benzie
Cheboygan
Crawford
Dickinson
Gladwin
Hillsdale
Jackson
Kalkaska
Mackinac
Mason
Missaukee
Montcalm
Muskegon
Newaygo
Ogemaw
Sanilac
Wexford

Shelter

Area IV

Allegan
Alpena
Antrim
Berrien
Branch
Calhoun
Cass
Charlevoix
Clare
Emmet
Gratiot
Ionia
Isabella
Marquette
Montmorency
Roscommon
St. Joseph
Shiawassee
Tuscola
Wayne

Shelter

Area V

Barry
Bay
Clinton
Eaton
Gd. Traverse
Kalamazoo
Kent
Lapeer
Leelanau
Lenawee
Midland
Otsego
Ottawa
Saginaw
Van Buren

Shelter

Area VI

Genesee
Ingham
Livingston
Macomb
Monroe
Oakland
St. Clair
Washtenaw

RESOURCES: INFANTS AND TODDLERS

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Games to Play with Two Year Olds

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MY DAY STARTED LIKE MOST NORMAL DAYS DO

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Can anyone ever be prepared enough for an emergency?

Did my prior first aid training help me?
ABSOLUTELY

Did my staff know where I kept my child information cards?
THANKFULLY, YES!

Was all of the information on the children's cards complete and up-to-date? **YES!**

Did I have an emergency back up person to come and help with the other children?
GRATEFULLY, I DID!

Was my parent/provider communication good?
DEFINITELY.

These are all things that I am so thankful for: I am very proud of my staff and myself for the job that we did. The thing that was most important to me was my gut instinct, knowing that something was wrong, and that 911 needed to be called. In an emergency everything happens so fast, and things can be so confusing-yet you need to maintain your focus.

Imagine you have an emergency with a child that you are providing care for—a life threatening emergency. You are in a panic. The parent just started a new job last week and you haven't gotten around to putting the new info on the child's card yet. This parent needs to be notified immediately and here you are trying to thumb through the yellow pages...or maybe calling information, but you can't remember information's number. You have this child and you can't think at that time when their birthday is...These things might sound silly to you while you're reading this. You are calm right now though, aren't you? You are not in a crisis, wondering if this child that you love and care for every day is going to respond to you.

My day started like most normal days do. I had a child arrive in the morning. His dad informed me that he had a slight fever of 99 degrees, and that he had given him Tylenol and some cough medicine with codeine as he was coughing a little this morning. Throughout the morning this child appeared to be fine, just tired, which we figured was from the medicine his dad had given him. He nibbled at his lunch, and seemed tired but no fever, and hadn't coughed all morning. He laid down for his nap and fell asleep.

Toward the end of nap time, my staff member called me. I knew by the tone of her voice that something was wrong. When I first went over to this child, I saw some saliva around his mouth and he seemed to be jerking a little. I thought he was about to vomit. I picked him up and told him that it was OK, and to throw up. I got no response from this child. There was no crying—NOTHING. I shouted to my staff to call 911 and that I thought this child was having a seizure.

I carried the child upstairs, checking for a pulse and unbuttoning his shirt. I found his pulse. His breathing was shallow, and his breaths seemed very far apart. I held this child in my arms. I had the 911 operator talking to me. I watched this child's big, brown eyes roll back into his head. His little white teeth were clenched so tightly. His left hand turned a bluish color.

I cried, and as I watched his chest rise and fall, I prayed with each breath that another one followed. The operator asked me questions, and I responded, but I just want this baby (3 years old) to talk to me. I held his hand. I asked him to squeeze my hand, but there was nothing. No response at all. My staff got me a cool paper towel and I started patting his forehead, and he sighed just one tiny sigh as his eyes rolled back into his head.

The paramedics came, and they checked his vitals. The vitals were fine. They removed some more of his clothing and had me hold an oxygen tube near his face. He still wasn't responding. I seemed to be fairly calm. I called his dad while I held this child, and then my adrenaline really kicked in. I tried so hard to remain calm. The dad heard the panic in my voice, and the paramedic took the phone while I cried.

The paramedics were getting ready to take this child to the hospital. I just couldn't seem to let go. I kept kiss-

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ing him on his forehead, and telling him that I am here, as I cried. The paramedic took the child, and I grabbed his arm and told him "Please don't let anything happen to this baby." They assured me that he would be fine.

I want to go in the ambulance with him....I have children to pick up from school....Everything seemed to be such a whirlwind. I was so thankful to have the ability to keep everything together. I was able to make arrangements to have the school children picked up. My emergency back-up person came right over to help my staff with the other children, who were all fine. But honestly, in my moment of panic, nothing else mattered but the care of this child whose life could have been in danger. I trusted that my staff would care for the other children, and I knew that they were safe. My staff person had my emergency neighbor to help, and my part time staff person was on her way to be with the other children.

I drove to the hospital, and when I arrived in the ER, the child was with his dad and grandma. The grandmother hugged me and thanked me and gave me Kleenex to blow my nose. The biggest relief came over me when I saw this day care child with color in his cheeks, talking and holding onto a teddy bear that the paramedics gave him. He remembered nothing about the seizure, and we later found out that the fever which spiked in a very short period of time was caused by an ear infection-some fluid on the ear. The child had not complained at all about his ear, and had no fever when he laid down for his nap.

We would have never imagined that our afternoon would have turned out the way it did. We are all very grateful that this child is okay. We had quite an experience. We worked well together, and I guess that we were as prepared as we could be. My day care parents were all so supportive. My licensing consultant was also very supportive. I had a wonderful friend that helped me get over the adrenaline crash, and all of the "what if" afterthoughts. ❖

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